



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES June 10, 2010

APPROVED
7/8/2010

| MEMBERS PRESENT | MEMBERS PRESENT, CONT. | PUBLIC, CONT. | OAPP/HIV EPI STAFF |
|-------------------------------|-------------------------------------|-----------------------------------|---|
| Carla Bailey, <i>Co-Chair</i> | Tonya Washington-Hendricks | Mark Davis | Chi-Wai Au |
| Sergio Aviña | Fariba Younai | Jennifer Denning | Kyle Baker |
| Al Ballesteros | | Miguel Fernandez | Michael Green |
| Robert Butler | | Karla Ferreira | Carlos Vega-Matos |
| Fredy Ceja | MEMBERS ABSENT | Susan Forrest | Juhua Wu |
| James Chud | Anthony Braswell, <i>Co-Chair</i> | Aaron Fox | Dave Young |
| Whitney Engeran-Cordova | Carrie Broadus | Miki Jackson | |
| Jeffrey Goodman | Nettie DeAugustine | David Kelly | |
| Thelma James | Douglas Frye | Ayanna Kiburi (<i>by phone</i>) | COMMISSION STAFF/CONSULTANTS |
| Lee Kochems | David Giugni | Joseph Leahy | |
| Bradley Land | Michael Johnson | Fred Luansing | Erinn Cortez |
| Ted Liso | Quentin O'Brien | Enrique Marchez | Julie Cross |
| Anna Long | Jenny O'Malley | Joanne Oliver | Dawn McClendon |
| Abad Lopez | Jennifer Sayles (<i>on leave</i>) | Tania Rodriguez | Jane Nachazel |
| Dean Page/Terry Goddard | Kathy Watt | Julion Sanchez | Glenda Pinney |
| Angélica Palmeros | | Mario Scott | James Stewart |
| Mario Pérez | | Jeff Smith | Craig Vincent-Jones |
| Karen Peterson | PUBLIC | Nick Truong | Nicole Werner |
| Juan Rivera | Herman Avilez | Brigitte Tweddell | |
| Stephen Simon | Miguel Ayala | Jason Wise | |
| Robert Sotomayor | Mario Choza | | |

- CALL TO ORDER:** Ms. Bailey called the meeting to order at 9:25 am.
 - Roll Call (Present):** Aviña, Bailey, Ballesteros, Butler, Ceja, Chud, Engeran-Cordova, Goodman, James, Land, Liso, Long, Lopez, Page, Palmeros, Pérez, Peterson, Simon, Washington-Hendricks
- APPROVAL OF AGENDA:**

MOTION 1: Approve the Agenda Order with the P&P Committee report earlier on the agenda (*Passed by Consensus*).
- APPROVAL OF MEETING MINUTES:**

MOTION 2: Approve the minutes from the 5/13/2010 Commission on HIV meeting (*Passed by Consensus*).
- CONSENT CALENDAR:** No items remained after pulling Motion 4 for later consideration.

MOTION 3: Approve the Consent Calendar (*Withdrawn*).
- PARLIAMENTARY TRAINING:** There was no report.

6. PUBLIC COMMENT, NON-AGENDIZED: There were no comments.

7. COMMISSION COMMENT, NON-AGENDIZED: There were no comments.

8. PUBLIC/COMMISSION COMMENT FOLLOW-UP:

A. HUD Rules on Services for the Undocumented:

- Mr. Vega-Matos reported a task force has been meeting on housing options for PWH who may not otherwise qualify for certain Federal programs. A subgroup with a HOPWA representative, Ms. Pinney from the Commission, and he also met with the City of Los Angeles Housing Authority (HACLA) about the problem and later with Peter Lynn, Director, Section 8 Programs, who oversees the Shelter+Care Program, which brought the issue to light.
- Shelter+Care must follow residency rules issued by the US Inspector General. Moving forward, residency rules will apply at the screening stage of the process for new applicants. A review of eight to nine months has begun to determine how to implement the policy for those now in the program. No additional resources were needed at this time.
- The three main providers with at-risk clients in Shelter+Care are meeting with HOPWA. A small subset of the clients/families impacted by the policy may be able to transition to independent living. A second subset may have other options. Options for the rest are being explored.
- A second task force comprised of administrative bodies HOPWA, HACLA, OAPP and coordinated by Ms. Pinney for the Commission will work to identify long-term solutions. The task force will also work with the some 34 city housing authorities countywide to better leverage housing opportunities.
- Mr. Engeran-Cordova complemented the work and asked if any evictions continued. Mr. Vega-Matos said some clients had received eviction letters, but the evictions had been put on hold pending the review.
- Mr. Vincent-Jones noted last month's vote only provided OAPP authority to use Part A funds as a last resort.

9. CO-CHAIRS' REPORT: There was no report.

10. EXECUTIVE DIRECTOR'S REPORT: Mr. Vincent-Jones noted that reports from Project Inform on when to start HIV treatment and on testing and linkage to care were included in the packet. They provide information on what other agencies are discussing locally and nationally.

11. STANDING COMMITTEE REPORTS:

A. Priorities & Planning (P&P) Committee:

1. FY 2011 P-and-A Setting Process:

a. FY 2011 Priority Rankings:

- Commissioners identified their conflicts-of-interest.
- Mr. Goodman noted HRSA mandates a linear service category priority-ranking based on need that sequentially ranks services from the greatest through least need. Funding is not addressed during this phase of the project.
- This year, 36 service categories were ranked: subsets of the services are defined by HRSA, with standards of care existing or planned, but all are part of the HIV continuum of care. Not all are funded, nor are all eligible for Ryan White funding. Ranking them all, however, allows the Commission to shift allocations to new service categories, if needed.
- P&P does active outreach to encourage consumer and provider participation in the process.
- The HIV Service Utilization and Needs Assessment Report (SUNAR) provides a key tool for deliberations. It includes HIV epidemiology information, service utilization and financial data from OAPP, and needs assessment data from the Los Angeles Countywide HIV Needs Assessment (LACHNA), which surveys consumers about their needs, service gaps and barriers.
- All SUNAR data is updated, except for LACHNA which uses last year's data pending the next survey.
- This year OAPP also presented on select service categories to strengthen understanding of how those services are delivered.
- Mr. Goodman noted gradations between adjacent rankings are negligible. The goal is to integrate various levels of individual and countywide need. Paradigms and operating values help guide these choices.
- The new Medical Care Coordination (MCC) has been prioritized for the first time in place of the previous Case Management, Medical and Case Management, Psychosocial.
- OAPP is reconfiguring Residential, Permanent and Transitional into a single category, so they have been combined.
- These combinations automatically shift some rankings. Overall, most rankings changed little from last year.

- Justifications for those service categories that moved up more than five rankings are as follows:
 - ⇒ **Health Insurance Premium/Cost Sharing:** This helps people maintain private insurance, reducing the burden on other services in the continuum of care. The higher ranking also reflects the importance of its direct linkages and coordination with other medication support services (e.g., ADAP/ADAP Enrollment and Local Pharmacy Program/Drug Reimbursement).
 - ⇒ **Case Management, Housing:** The higher ranking ensures clients are evaluated prior to seeking Ryan White services, which is not necessary in all cases. Specialized case management of this type also assumes greater familiarity with services that help clients retain low-cost housing.
 - ⇒ **Case Management, Home-based:** This is now ranked near MCC which is the equivalent service for those who are not home-bound; clients cannot receive both services simultaneously.
 - ⇒ **Skilled Nursing, Hospice and Home Health Care:** These three service categories were ranked higher due to the aging HIV population, discrimination against PWH living in non-HIV specialty skilled nursing facilities/hospices, and the shortage of beds for PWH.
 - ⇒ **Work Force Entry/Re-entry:** Consumers have voiced the need for this in various forums over the last year.
- Justifications for those service categories that moved down more than five rankings are as follows:
 - ⇒ **Outreach:** This was ranked lower due to focus on the service integrated directly into MCC and Early Intervention Services (EIS).
 - ⇒ **Language/Interpretation:** While important, this was ranked lower because the greatest need is for Spanish-language services, which is already contractually mandated for LA County Ryan White-funded service providers.

The following table details the FY 2011 priority rankings recommended by the P&P Committee:

| FY 2011 Ranking | FY 2010 Ranking | Service Category |
|-----------------|-----------------|--|
| 1 | 1 | Medical Outpatient/Specialty |
| 2 | 2 | AIDS Drug Assistance Program (ADAP)/ADAP Enrollment |
| 3 | 5 | Oral Health Care |
| 4 | 11 | Health Insurance Premiums and Cost Sharing |
| 5 | 3 | Local Pharmacy Program/ Drug Reimbursement |
| 6 | 4 | Benefits Specialty |
| 7 | NA | Medical Care Coordination ¹ |
| 8 | 6 | Mental Health, Psychiatry |
| 9 | 7 | Mental Health, Psychotherapy |
| 10 | 12 | Substance Abuse, Residential |
| 11 | 10 | Early Intervention Services |
| 12 | 24 | Case Management, Housing |
| 13 | 14 and 15 | Residential, Transitional and Permanent ² |
| 14 | 28 | Case Management, Home-based |
| 15 | 13 | Substance Abuse, Treatment |
| 16 | 18 | Treatment Education |
| 17 | 20 | Nutrition Support |
| 18 | 19 | Medical Nutrition Therapy |
| 19 | 17 | Medical Transportation |
| 20 | 26 | Skilled Nursing |
| 21 | 27 | Home Health Care |
| 22 | 29 | Hospice |
| 23 | 21 | Legal |
| 24 | 16 | Outreach |
| 25 | 22 | Case Management, Transitional |
| 26 | 31 | Workforce Entry/Re-entry |
| 27 | 23 | Direct Emergency Financial Assistance |
| 28 | 30 | Child Care |
| 29 | 33 | Health Education/Risk Reduction |
| 30 | 34 | Counseling and Testing in Care Settings |

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|----|----|-------------------------|
| 31 | 25 | Language/Interpretation |
| 32 | 36 | Peer Support |
| 33 | 32 | Rehabilitation |
| 34 | 35 | Referrals |
| 35 | 37 | Respite Care |
| 36 | 38 | Psychosocial Support |

Bolded services are core medical services.

¹ Includes Case Management, Medical and Case Management, Psychosocial.

² Residential, Transitional and Permanent have been combined into one service category.

- Mr. Goodman reported that the Committee was scheduled to begin allocation-setting deliberations at the following meeting, 6/15/2010, 1:30 to 4:30 pm.

MOTION 4: Approve the FY 2011 priority rankings, as presented (*Passed: 21 Ayes; 0 Opposed; 0 Abstentions*).

2. **FY 2010 Financial Expenditures:** This item was postponed

B. Standards of Care (SOC) Committee:

1. **Evaluation of Service Effectiveness:**

a. **Provider Surveys:**

- Dr. Younai noted two draft surveys in the packet: one for Medical Outpatient/Specialty, ADAP/ADAP Enrollment and Mental Health, Psychiatry providers and the other for Oral Health providers.
- Committee work groups determined the questions and designed each survey. Both surveys include questions general patient census and related information, health and patient outcomes, and best practices—and represent the data collection method for certain indicators where data is not available from other sources.
- The surveys are now being prepared for distribution.

2. **Standards of Care Policies and Procedures:**

- Mr. Vincent-Jones noted SOC had been developing the policy for several months and had been asked to expedite it.
- The document details how standards of care are developed, including the use of expert review panels, standards revisions, updates and compliance monitoring, and dictates that all standards will be formally updated every four years (a quarter of the standards each year of the four-year cycle), but earlier revisions may be necessary out-of-cycle due to rapidly changing service practices, changes at the federal level, to incorporate best practices, out-of-date information and/or for other reasons.
- Any party may request a revision review in writing and the SOC Committee will determine if a revision is needed rather than waiting for the formal update. Other committees can make such a request through the Executive Committee.
- Updates are planned to be one year prior to OAPP RFPs/solicitations or contract renewals, whenever possible.
- SOC will also review contract templates for consistency with the standard. Actual contracts pertain to procurement and Ryan White legislation prohibits planning council involvement in procurement/contracting activities.
- ➡ The Standards of Care Policies and Procedures were opened for public comment until 7/1/2010.

3. **Medical Care Coordination Implementation:** MCC work is continuing.

B. Joint Public Policy (JPP) Committee:

1. **State Budget 2010/11:**

- Mr. Engeran-Cordova noted the “May Revise” for the FY 2010/2011 State Budget was released on 5/14/2010, and the Commission has issued a brief about it.
- Ms. Cross, Benefits Consultant, noted there was little left to cut in the OA budget with ADAP the one active item left. There were no new proposed cuts to ADAP program services, but some administrative cuts were proposed due to administrative efficiencies and/or projected cost savings based on improved trend analysis and financial forecasting. The proposal to cut ADAP funding to County jails from the Governor’s proposed January Budget remains in the May Revise, and may cost LA County \$3 million.
- Most proposed cuts are in the Medi-Cal program. Many provisions for Medi-Cal cuts originally proposed in the Governor’s January budget became unallowable with passage of Health Care Reform. Instead, the May Revise includes cost-sharing proposals, e.g., co-payments for doctor visits, about \$5; prescription drugs, \$3 to \$5 depending on the drug; and emergency room visits and hospital stays. There are also limits on items such as hearing aids, incontinence and wound care supplies, and durable medical equipment.
- Review of whether or not Ryan White funds can be used for Medi-Cal cost-sharing expenses continues.

- There are also major cuts proposed for In-Home Supportive Services (IHSS) similar to those previously proposed. Now, however, the threat that IHSS will be eliminated if the cuts are not implemented is circulating.
- The May Revises proposes further reducing Supplemental Security Income (SSI) payments from \$845 to \$830 per month for an individual. Reductions would be effective 10/10/2010 if the budget is passed on time.
- CalWorks, the support program for families with children, is proposed for elimination as are Cash Assistance Program for Immigrants (CAPI) and California Food Assistance Program (CAFP), which provide SSI/Food Stamp "look-alike" benefits for senior and disabled legal immigrants not eligible for SSI due to their immigration status.
- Both houses of the Legislature have voted not to support most proposed cuts. Some counterproposals have been offered. Negotiations are ongoing to attempt to fill the approximately \$20 billion budget deficit.

2. **Federal Health Care Reform:**

- Ms. Cross reported the next major phase of health care reform implementation will be the Federal Temporary Major Risk Insurance Pool (FTMRIP). This is a benefit available to individuals who have been uninsured a minimum of six months due to pre-existing conditions. It is scheduled to start on 7/1/2010.
- A Federal non-competitive RFP has been released to states to create the risk pool structures. Regulations are expected shortly.
- Proposals to renew the Medi-Cal 1115 Waiver include moving those with 100% Medi-Cal benefits to managed care. Advocates are seeking to schedule a meeting with Medi-Cal to see how such a change would impact clients.
- Ms. Cross noted there is an OA department that coordinates Medicare Part D benefits for clients. Historically, they have struggled with ADAP as TROoP, but the new Federal law has motivated a new emphasis on development of coordination activities.
- Ms. Kiburi, Chief, HIV Care Branch, confirmed that the Department of Health and OA are developing matrices to detail coordination. As many clients as possible are being enrolled in Part D, so they can qualify for TROoP.
- Ms. Cross noted Health Care Reform and the National AIDS Strategy are prompting improved collaboration between government entities. For example, Centers for Medicare and Medicaid Services (CMS) recently met with her and other advocates in Washington, DC to discuss Health Care Reform implementation as it applies to PWH. CMS provides the majority of PWH coverage, yet has had no liaison relationship with HRSA. That will now be addressed.
- Ms. Cross said overall Health Care Reform will improve benefits as it rolls out, including counting TROoP for medications and gradual reduction of the donut hole.
- ➡ Ms. Cross will provide FTMRIP and Medi-Cal 1115 Waiver updates at the July Commission meeting.
- ➡ Ms. Kiburi will provide a report on coordination of ADAP and TROoP benefits as the system is developed.

D. **Operations Committee:** On behalf of the Committee Co-Chairs, Mr. Butler encouraged Commissioners to recruit new members.

13. **PREVENTION PLANNING COMMITTEE (PPC) REPORT:**

A. **PPC Overview:**

- Dr. Green, Chief, Planning and Research Division, OAPP, and Governmental Co-Chair, PPC, presented the overview. Its purpose is to better acquaint the Commission with the PPC and its similar role and responsibilities in the area of prevention.
- In 1994, the CDC mandated use of the HIV Prevention Community Planning model based on parity, inclusion and representation to develop a comprehensive HIV Prevention Plan. Goals are broad-based community participation, including PWH and people at risk for HIV, prioritization of HIV prevention needs, and ensuring HIV prevention resources target priority populations and effective interventions detailed in the HIV Prevention Plan.
- The primary change since then is development of the HIV Prevention Plan. The current Plan is for 2009-2013. Development will begin on the next iteration in about a year. The jurisdiction-wide Plan is designed to address all HIV prevention activities and inform decisions about how all Federal, State, local and, when possible, private resources should be used.
- The PPC has a three- to five-year funding cycle, and recommends priorities/allocations for that funding cycle, not annually.
- The PPC structure includes Executive and Operations Subcommittees. Its Evaluations Subcommittee serves the function of the Commission's P&P Committee. The Standards and Best Practices Subcommittee, which includes an HIV Counseling and Testing work group, is much like the Commission's SOC Committee. The PPC partners with the Commission on the Joint Public Policy (JPP) Committee.
- It also supports time-limited task forces to facilitate community input on recommendations concerning specific populations or areas of prevention interest. Recommendations go directly to the full PPC membership for approval.

There is now a Latino Task Force. There have been previous task forces on African-American MSM, Crystal Meth, High-Risk Venues, and Transgenders. The latter was cited in the Part A application and was noted by HRSA as a significant strength.

- There is also an Ad Hoc PPC Structure Subcommittee to streamline organizational structure, without diluting the work.
- Unlike the Commission, OAPP is responsible for maintaining and implementing the PPC with staff support and technical assistance. There are two community co-chairs, currently AJ King and Terry Smith, and two governmental co-chairs from OAPP, currently Sophia Rumanes and Dr. Green.
- Prevention is key to the continuum of care. With that in mind, he added, the PPC looks forward to developing closer collaboration with the Commission. Dr. Green encouraged Commissioners to participate in PPC activities.

➡ Refer development of a Joint Commission-PPC task force on HIV and aging to the Commission's Executive Committee.

14. STATE OFFICE OF AIDS (OA) REPORT:

- Ms. Kiburi reported care, surveillance and prevention allocations were distributed to local health jurisdictions in late April. A subsequent request was received from the California Conference of Local AIDS Directors (CCLAD) for the data used in the allocation formula. CCLAD has since received the data and is reviewing it.
- OA has developed a mechanism for surveillance case data requests from County surveillance coordinators. Distribution of data will begin in July 2010. It will be distributed quarterly after that.
- OA will host a meeting with the Los Angeles and San Francisco jurisdictions to collaborate on development of laboratory processing standards. The meeting is expected to take place within the next two months.
- The next California HIV/AIDS Planning Group meeting is 6/16-17/2010. The agenda includes beginning the process to develop a comprehensive, integrated care and prevention plan.

15. OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT:

- Mr. Pérez, Director, OAPP, reported the County State Single Allocation Model (SAM) allocation for care and prevention was cut \$1.2 million. This is more than the Ryan White Part A increase of approximately \$900,000, so adjustments will be needed.
- The Medical Outpatient (MO) SPA 2-8 RFP is closed. The key OAPP focus is completing the Data Management RFP since OAPP made a commitment to MO providers to have the system up-and-running before new MO contracts start.
- RFPs in various stages of review or final recommendations include SPA 1 and the African-American Faith-Based Public Health Initiative. The Board also approved extending Case Management, Home-based contracts for the six current providers, effective 7/1/2010. This will provide service stability for a program where demand for services continues to be high.
- OAPP is working with Ms. Cross and others to navigate changes to the health care financing structure, especially the Medi-Cal 1115 Waiver, to ensure PWH who are Medi-Cal beneficiaries are appropriately placed in a "medical home."
- Mr. Vincent-Jones noted the HRSA Objective Review Committee Final Summary Statement on the Part A application was in the packet. It summarizes application strengths and weaknesses.
- Dr. Davis thanked OAPP for clearing payment problems for YR 19 Level 4 oral health procedures. They are now paid.
- ➡ Mr. Pérez will provide a presentation on the new data management system once a vendor has been selected.

A. Commission Letter of Concurrence:

- Mr. Vincent-Jones noted that the Commission Co-Chairs had submitted a letter of concurrence to HRSA, as necessary for a Condition of Award, that confirms that the Grantee is allocating funds consistent with the planning council's priority and allocation decisions.
- He added that the letter also notes reservations about implementation of Benefits Specialty and Health Insurance Premiums/Cost Sharing, but expresses confidence implementation will be resolved by year's end.

16. HIV EPIDEMIOLOGY PROGRAM REPORT: There was no report.

17. CONSUMER CAUCUS REPORT: Mr. Page announced that he will remain a member, but must step down as Co-Chair due to personal conflicts. He thanked the Caucus for the opportunity to serve.

18. BENEFITS REPORT: There was no additional information.

19. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS: There were no reports.

20. TASK FORCE REPORTS: Mr. Aviña said the Latino Task Force will not hold a June monthly meeting. A working group met 6/9/2010 to review draft recommendations. Key Latino stakeholders including Mr. Ballesteros, Oscar De La O and Richard Zaldivar will be asked to review the draft. The draft will be presented to the Commission and PPC after it is finalized.

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21. SPA/DISTRICT REPORTS: There were no reports.

22. COMMISSION COMMENT: Mr. Vincent-Jones reported Eric Daar had resigned from the Commission due to work conflicts.

23. ANNOUNCEMENTS:

- Mr. Engeran-Cordova announced AIDS Healthcare Foundation (AHF) is sponsoring AIDSWalk 9/26/2010 with a focus on support for organizations serving people of color. It includes a food fest and Greek Theater concert. AHF is actively seeking organizations who would like to be beneficiaries. The website is www.walkeatdance.org.
- Mr. Sotomayor announced Antelope Valley is holding its AV Pride event on 6/19/2010.

24. ADJOURNMENT: Ms. Bailey adjourned the meeting at 11:30 am.

A. Roll Call (Present): Aviña, Bailey, Ballesteros, Butler, Ceja, Chud, Engeran-Cordova, Goodman, James, Kochems, Land, Liso, Long, Lopez, Page, Palmeros, Pérez, Peterson, Rivera, Simon, Sotomayor, Washington-Hendricks, Younai

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MOTION AND VOTING SUMMARY

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|---|--|---|
| MOTION #1: Approve the Agenda Order. | <i>Passed by Consensus</i> | MOTION PASSED |
| MOTION #2: Approve the minutes from the 5/13/2010 Commission on HIV meeting. | <i>Passed by Consensus</i> | MOTION PASSED |
| MOTION #3: Approve the Consent Calendar. | <i>Withdrawn</i> | WITHDRAWN |
| MOTION #4: Approve revisions to the FY 2011 priority rankings, as presented. | <i>Ayes:</i> Aviña, Bailey, Ballesteros, Butler, Ceja, Chud, Engeran-Cordova, Goodman, James, Kochems, Land, Liso, Long, Lopez, Page, Palmeros, Peterson, Rivera, Simon, Washington-Hendricks, Younai <i>Opposed:</i> None <i>Abstention:</i> None | MOTION PASSED Ayes: 21 Opposed: 0 Abstentions: 0 |